

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214516353

1.) CORPORATION NAME:

**AMERICAN INTERSTATE INSURANCE COMPANY**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1068255**

**RICHMOND, VA**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2301 HIGHWAY 190 WEST

CITY/ST/ZIP: DERIDDER, LA 70634

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | G JANELLE FROST       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT             |   |  |
| ADDRESS:        | 2301 HIGHWAY 190 WEST |   |  |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634    |   |  |

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | CRAIG PATRICK LEACH   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | EXEC VP               |   |  |
| ADDRESS:        | 2301 HIGHWAY 190 WEST |   |  |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634    |   |  |

|                 |                       |   |                                   |
|-----------------|-----------------------|---|-----------------------------------|
| NAME:           | ANGELA PEARSON        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VP/CONTROLLER         |   |                                   |
| ADDRESS:        | 2301 HIGHWAY 190 WEST |   |                                   |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634    |   |                                   |

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | GEOFFREY R BANTA      | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | EXEC VP               |   |  |
| ADDRESS:        | 2301 HIGHWAY 190 WEST |   |  |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634    |   |  |

|                 |                           |   |  |
|-----------------|---------------------------|---|--|
| NAME:           | CLIFFORD ALLEN BRADLEY JR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | CEO                       |   |  |
| ADDRESS:        | 2301 HIGHWAY 190 WEST     |   |  |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634        |   |  |

|                 |                       |   |  |
|-----------------|-----------------------|---|--|
| NAME:           | BRENDAN D GAU         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | EXEC VP               |   |  |
| ADDRESS:        | 2301 HIGHWAY 190 WEST |   |  |
| CITY/ST/ZIP/CO: | DERIDDER, LA 70634    |   |  |

|  |  |  |
|--|--|--|
| NAME: MICHAEL F GRASHER<br>TITLE: CFO/ EXEC VP<br>ADDRESS: 2301 HIGHWAY 190 WEST<br>CITY/ST/ZIP/CO: DERIDDER, LA 70634   | <input checked="" type="checkbox"/> OFFICER                          | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: VINCENT J GAGLIANO<br>TITLE: EXEC VP<br>ADDRESS: 2301 HIGHWAY 190 WEST<br>CITY/ST/ZIP/CO: DERIDDER, LA 70634   | <input checked="" type="checkbox"/> OFFICER                          | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KATHRYN H ROWAN<br>TITLE: SECRETARY<br>ADDRESS: 2301 HIGHWAY 190 WEST<br>CITY/ST/ZIP/CO: DERIDDER, LA 70634  | <input checked="" type="checkbox"/> OFFICER                          | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |  |
| /s/ ANGELA PEARSON<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | ANGELA PEARSON,<br>VP/CONTROLLER<br>PRINTED NAME AND CORPORATE TITLE | 3/27/2014<br>DATE                            |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |  |